## USEPA 290 BROADWAY

## NY, NY NOTIFICATION OF DEMOLITION AND RENOVATION PAL JOB # 16-9050

Operator Project #	Postmark	Date Received			Notification #			
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): <b>O – Original</b>								
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):								
OWNER NAME: NYCMTA								
Address: 2 Broadway								
City: New York		State: NY Zip:			10004			
Contact Name: Jose Rosario						Zip: 10004 ne: 646-252-3946		
REMOVAL CONTRACTOR: F	v Corp. d/l	d/b/a PAL Environmental Services						
Address: 11-02 Queens Plaza South								
City: Long Island City		State: NY Zip: 11101						
Contact Name: Devin Jones		Telephone: 718-349			3-349-09			
OTHER CONTRACTOR:		T 1805HOLDE 120 0 13 0300						
Address:								
City:					te: Zip:			
Contact Name:					Telephone:			
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation: <b>R</b>								
IS ASBESTOS PRESENT? (YES NO) YES								
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)								
Building Name: 162 <sup>nd</sup> Jerome Avenue Station								
Address: 162-965 River Avenue								
City: Bronx			State: N		Zip: <b>10452</b>			
Site Location: Roof								
Building Size:		# of Floors:			Age in Years: 50+			
Present Use: Train Station		Prior Use: Train Station						
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material:  PLM – Polarized Light Microscopy								
Approximate amount of asbestos , R. ACM			Non-Friable Inc			ata I Init	of Management	
Including				Asbestos Material			Indicate Unit of Measurement Below	
1. Regulated ACM to be remo		1	not to be removed		below			
<ol> <li>Category I ACM not remove</li> <li>Category II ACM not remove</li> </ol>	red							
5. Category II Acri Hot Tellio	vcu		CAT I	CAT II			LINITT	
			CATT	CATII		,	UNIT	
Caulking	267				Linear Fee	t: <b>X</b>	Ln M:	
Surface Area: Roof Flashing	4388				Square Fee		Square Meter:	
Volume RACM off Facility Comp	ponent				CuFt:		Cu M:	
Scheduled Dates Asbestos Removal (mm/dd./yy)					07/01			
Scheduled Dates Demo/Renovation (mm/dd./yy)			Start:		Complete: <b>07/01/2017</b>			
					Complete:			

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED: DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control. **WASTE TRANSPORTER #1** Name: Tri State Transfer Associates Address: 1199 Randall Avenue City: Long Island City State: NY Zip: 10474 Contact Name: Jimmy Byrne Telephone: 718-617-0771 **WASTE TRANSPORTER #2** Name: ATC Address: 2 Moriches Middle Island Road City: Shirley State: NY Contact Name: Kenny Smith Telephone: 631-924-5050 **WASTE TRANSPORTER #3** Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services Location: 11-02 Queens Plaza South City: Long Island City City: Long Island City City: Long Island City Telephone: 718-349-0900 **Disposal Facility** Name: Minerva Enterprises Location: 9000 Minerva Road, SE Location: 9000 Minerva Road, SE City: Waynesburg State: OH Zip: 44688 FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (mm/dd./yy) Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGUALTION (40 CFT PART 61, SUBPART M), WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation) 07/07/2016 Signature of Owner/Operator Date I certify that the above information is correct 07/07/2016 Signature of Owner/Operator Date